INFANT MENU AND PRODUCTION FORM										
Provider Name:			Week Of	:						
Enrolled Infants: Name:	Age:		Name:				Age:			
Name:	_ Age: _		Name:				Age:			
Name: Age:			Name:				Age:			
Name: Age:			Name:							
Quantities listed are per child. I certify that the quantities listed x the number of children listed was prepared and offered.			#Children fed each meal, daily, by age				e group Total By Meals			
		M	Т	W	Th	F	Sat	Sun	ivicais	
(I) <u>BREAKFASTS</u> :										
(a) <u>Birth through 3 months:</u>										
4-6 Fluid oz. Breast Milk <u>or</u>										
4-6 Fluid oz. Iron Fortified Infant Formula*.										
(b) 4 through 7 months:										
(1) 4-8 Fluid oz. Breast Milk <u>or</u>										
4-8 Fluid oz. Iron-Fortified Infant Formula										
and (2) 0-3 Tbsp. Infant Cereal of appropriate consistency.										
(c) 8 through 11 months:										
(1) 6-8 Fluid oz. Breast Milk <u>or</u>										
6-8 Fluid oz. Iron-Fortified Infant Formula										
and (2) 2-4 Tbsp. Infant Cereal of appropriate consistency										
and (3) 1-4 Tbsp. Fruit and/or Vegetable.										
(II) LUNCHES OR SUPPERS:	L									
(a) Birth through 3 months: 4-6 Fluid oz. Breast Milk or										
–	s									
4-6 Fluid oz. Iron-Fortified Infant Formula*. (b) 4 through 7 months:										
(1) 4-8 Fluid oz. Breast Milk <u>or</u>										
4-8 Fluid oz. Iron-Fortified Infant Formula										
(2) 0-3 Tbsp. Infant Cereal of appropriate consistency										
and (3) 0-3 Tbsp. Fruit and/or Vegetable or appropriate	s									
consistency or a combination of both.										
(c) 8 through 11 months:										
(1) 6-8 Fluid oz. Breast Milk <u>or</u>										
6-8 Fluid oz. Iron-Fortified Infant Formula	L									
(2) 1-4 Tbsp Fruit and/or Vegetable of appropriate										
consistency or a combination of such foods										
(3) 2-4 Tablespoons Infant Cereal and/or										
(4) 1-4 Tbsp. Meat, Fish, Poultry or Egg Yolk, or 1/2 to										
2 oz. Cheese, or 1-4 oz. Cottage Cheese or	s									
Cheese Food or Cheese Spread of appropriate										
consistency, or cooked Dry Bean or Peas.										
(III) <u>SUPPLEMENTS:</u>										
(a) Birth through 3 months:	AM									
4-6 Fluid oz. Breast Milk <u>or</u>	PM									
4-6 Fluid oz. Iron-Fortified Infant Formula*.	EVE									
(b) 4 through 7 months:	AM									
4-6 Fluid oz. Breast Milk <u>or</u>	PM									
4-6 Fluid oz. Iron-Fortified Infant Formula*.	EVE									
(c) 8 through 11 months:										
1 2-4 Fluid oz. Breast Milk	AM									
(1) 2-4 Fluid oz. Breast Milk <u>or</u>										
2-4 Fluid oz. Iron-Fortified Infant Formula or										
full strength Fruit juice <u>and</u> (2) 0-1/2 slice Crusty Bread or 0-2 Cracker	РМ									
type products made from whole grain or										
enriched meal or flour suitable for infants	EVE									
as a finger food when appropriate.										
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(Provider or Center Staff	Signature)						(Date)			